

STATE OF MONTANA: DEPARTMENT OF ENVIRONMENTAL QUALITY

Return Completed Form to Public Water Supply & Subdivisions Bureau, Public Water Supply Program,
1520 E. 6th Ave, P.O. Box 200901, Helena, MT 59620-0901

(By the 10th of following month)

Chlorine Residual Determinations for Groundwater Supplies

Month _____ System Name _____

Year _____ PWS ID # _____ Submitted by _____
one: _____ Community _____ Non-Community _____ Nontransient Noncommunity _____

Check

Date	Daily Chlorine Residual at Point of Application ¹			Daily Rotated Chlorine Distribution Residual in System ²	
	Source #1 Name _____	Source #2 Name _____	Source #3 Name _____	Test Location	Residual ppm
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

1. If you use more than three sources then you will need to use more than one form.
2. Rotate chlorine determination sampling point within your system using your Chlorine Monitoring Site Plan in order to cover your entire distribution system during the week.

Any Questions? Please call (406)444-4400, Public Water Supply & Subdivisions Bureau. Website: <http://deq.mt.gov/wqinfo/pws/docs>